Section 7: Future Directions

This section describes the future direction of HIV prevention in the District of Columbia through a series of short- and long-term goals and objectives in five areas: Data Collection and Analysis, Programs, Community Mobilization, Evaluation and Policy. In determining the goals and objectives, the HIV Prevention Community Planning Committee (HPCPC) and the Administration for HIV/AIDS (AHA) considered a series of questions – who gets infected, how and why, what can be done to stop the spread of HIV, and are we meeting the goals and objectives.

They also reviewed several sections of this plan, including the Epidemiologic Profile, Needs Assessment, Resource Inventory, Coordination and Linkages, Capacity Building Technical Assistance, and Evaluation; the goals and objectives contained in the 1999 funding proposal to the Centers for Disease Control and Prevention; the goals and objectives of the District of Columbia Comprehensive HIV/AIDS Plan 1997-1999; AHA's 1999 Strategic Goals and Objectives; and the draft of the District of Columbia Healthy People 2010 Objectives.

Data Collection and Analysis

Goal 1: Enhance our understanding of the HIV epidemic in the District of Columbia through data collection and analysis.

Outcome Objective 1.1: By December 31, 2000 AHA will implement an integrated HIV/AIDS surveillance system to track the epidemic more accurately.

Process Objective 1.1.1: By January 31, 2000 AHA will develop a plan to implement an integrated HIV/AIDS reporting system.

Process Objective 1.1.2: By April 30, 2000 AHA will develop the policies and protocols that will be used to implement the integrated HIV/AIDS reporting system, and issue a guidance on HIV/AIDS reporting to all clinics, physicians and other organizations, agencies and individuals that provide CTRPN services in the District of Columbia.

Process Objective 1.1.3: By June 30, 2000 AHA will train Surveillance Division staff and counselors at AHA and AHA-funded CTRPN sites on the implementation of the system.

Process Objective 1.1.4: By March 31, 2001 AHA will issue the first HIV/AIDS Surveillance report based on the new integrated HIV/AIDS reporting system.

Process Objective 1.1.5: By June 30, 2001 AHA will conduct process and outcome evaluations of the implementation of the new integrated HIV/AIDS reporting system.

Outcome Objective 1.2: By March 31, 2001 AHA will update the Epidemiologic Profile and conduct behavioral or other studies to provide an accurate description of the impact of HIV/AIDS in the District of Columbia.

Process Objective 1.2.1: By December 31, 2000 and yearly after that, AHA will conduct behavioral or other studies of at least one at–risk, special or emerging population, to help determine its HIV prevention needs.

Process Objective 1.2.2: By June 30, 2001, AHA's Surveillance Division will update the Epidemiologic Profile, using data from the new integrated HIV/AIDS reporting system.

Process Objective 1.2.3: By June 30, 2001, AHA and the HPCPC will conduct process and outcome evaluations of the process of updating the Epidemiologic Profile.

Outcome Objective 1.3: By June 30, 2001 AHA and the HPCPC will update the Needs Assessment section of the Comprehensive HIV Prevention Plan (including the Resource Inventory and Gap Analysis), to accurately determine the met and unmet HIV prevention needs of District residents, and use the information to identify high-risk groups and target prevention programs.

Process Objective 1.3.1: By April 30, 2000 AHA and the HPCPC will identify the information needs, information sources and methods that will be used to collect information, and develop a plan to update the Needs Assessment.

Process Objective 1.3.2: By June 30, 2000 AHA and the HPCPC will develop the instruments and protocols and carry out the studies needed to update the Needs Assessment.

Process Objective 1.3.3: By March 31, 2001 AHA and the HPCPC will review the findings of the Needs Assessment studies and update the Needs Assessment.

Process Objective 1.3.4: By June 30, 2001, the HPCPC will use the updated Needs Assessment and Epidemiologic Profile to prioritize target populations and interventions.

Process Objective 1.3.5: By June 30, 2001, AHA and the HPCPC will conduct process and outcome evaluations of the process of updating the Needs Assessment.

Community Mobilization

Goal 2: Mobilize the community at large to create a social, political and institutional climate that is receptive to the development and implementation of effective HIV prevention programs.

Outcome Objective 2.1: By December 31, 2002, AHA will increase awareness and knowledge of HIV/AIDS issues through a series of dialogues with community stakeholders, as measured by self-reported questionnaires.

Process Objective 2.1.1: By March 30, 2000, AHA will identify community stakeholders (including elected bodies, community groups, businesses and professional and religious organizations and their members) who can impact normative community values to support HIV prevention efforts, and invite them to dialogue with representatives of AHA and community-based HIV prevention providers.

Process Objective 2.1.2: By June 30, 2000, AHA will develop a procedural guide and train the AHA staff, HIV prevention providers and community stakeholders that will facilitate the dialogues.

Process Objective 2.1.3: By June 30, 2000 AHA will develop and test pre-and post evaluation instruments and protocols to measure awareness and knowledge of HIV/AIDS issues among participants in the dialogues.

Process Objective 2.1.4: By June 30 2000, AHA will adopt or develop and test educational materials on HIV/AIDS issues for participants in the dialogues.

Process Objective 2.1.5: By December 2002, AHA will hold dialogues with at lease 25 elected bodies, community groups, businesses and professional and religious organizations to increase awareness and knowledge of HIV/AIDS issues among their members.

Process Objective 2.1.6: By June 30, 2001 AHA will conduct process and outcome evaluations of the dialogue process.

HIV Prevention and Risk Reduction Programs

Goal 3: Provide effective HIV prevention programs for all at-risk populations.

Outcome Objective 3.1: By December 31, 2002 AHA will raise awareness and increase knowledge of HIV through public information and social marketing initiatives, as measured by self-reported questionnaires.

Process Objective 3.1.1: By April 30, 2000 AHA and the HPCPC will develop and implement a plan to obtain the collaboration of elected bodies, community groups, businesses and professional and religious organizations for community and venue-based outreach interventions at commercial settings and public events.

Process Objective 3.1.2: By January 2000 AHA will continue the development and distribution of culturally and linguistically appropriate HIV prevention educational materials for the general community and for target populations during community and venue-based outreach interventions.

Process Objective 3.1.3: Objective 5: By January 2000 AHA will continue and expand the social marketing campaign for the general community and for target populations.

Process Objective 3.1.4: By March 2000 AHA and the HPCPC will continue to plan, organize and participate in community forums and public events to disseminate HIV/AIDS prevention and referral information.

Process Objective 3.1.5: By March 30, 2001 AHA will conduct process and outcome evaluations of the community outreach and social marketing interventions.

Outcome Objective 3.2: By January 2000 AHA will continue to provide effective HIV prevention programs for targeted populations engaged in high risk behaviors, through subcontracts with community-based organizations (CBOs).

Process Objective 3.2.1: By January 31, 2000, AHA will continue to support the HPCPC in accomplishing the five Nation Core Objectives of community planning.

Process Objective 3.2.2: By March 31, 2000 AHA will fund CBOs to implement effective HIV prevention programs that reduce risk behavior and support no or low-risk behavior, for the high-priority target populations identified through the community planning process.

Process Objective 3.2.3: By July 31, 2000 AHA will develop a plan to provide technical assistance to health and social service organizations that serve populations at risk for HIV, to facilitate the establishment of HIV prevention programs or linkages to existing programs.

Outcome Objective 3.3: By January 2000 AHA will continue to improve coordination and linkages among public and non-governmental agencies that provide HIV prevention services.

Process Objective 3.3.1: By December 31, 2000 AHA and the HPCPC will develop a resource guide listing HIV prevention and related services for HIV- individuals, including primary care, drug and substance abuse treatment programs, and programs dealing with mental health issues, homelessness, poverty, immigration and unemployment.

Process Objective 3.3.2: By December 31, 2000 AHA will implement a system to track referral outcomes for the purpose of evaluating the effectiveness of referrals by AHA and AHA-funded prevention programs.

Process Objective 3.3.3: By December 31, 2000 AHA will develop a plan to maximize HIV prevention resources and reduce duplication of services by HIV prevention providers.

Process Objective 3.3.4: By December 2000, and yearly after that, AHA will conduct process evaluations of AHA and AHA-funded prevention programs.

Outcome Objective 3.4: By December 31, 2002 AHA will increase the number of people who know their HIV status and are referred to HIV prevention, early intervention and supportive programs.

Process Objective 3.4.1: By January 31, 2000, AHA and AHA-funded CBOs will continue and expand CTRPN programs for all at-risk groups, increasing CTRPN sessions from the estimated 17,000 to be provided in 1999 to 19,000 in 2000, 21,000 in 2001, and 23,000 in 2002.

Process Objective 3.4.2: By January 31, 2000, AHA and its CTRPN subcontractors will continue to provide counseling on perinatal transmission of HIV for pregnant women receiving CTRPN services.

Process Objective 3.4.3. By June 30, 2000, AHA will make counseling, testing and return visits for results more accessible to the community by utilizing a mobile unit to provide services in underserved areas of the District.

Process Objective 3.1.5: By March 30, 2001 AHA conduct process and outcome evaluations of CTRPN programs.

Outcome Objective 3.5: By January 31, 2000 AHA will continue to promote and enhance linkages between primary prevention (halting the transmission or acquisition of HIV infection) and secondary prevention (halting or delaying the onset of illness in an HIV infected individual).

Process Objective 3.5.1: By January 31, 2000 AHA will continue to provide guidance and training on referrals to early intervention and other treatment and support programs for counselors at AHA and AHA-funded CTRPN sites and for the staff of agencies that provide prevention services.

Process Objective 3.5.2: By June 30, 2000 AHA will convene annual meetings of HIV prevention providers and providers of related services, such as substance abuse treatment programs, to exchange information on their programs and strengthen linkages and referral networks.

Process Objective 3.5.3: By June 30, 2001 AHA will analyze the results of the system implemented in 2000 to track referral outcomes and make any changes needed to improve the referral system.

Outcome Objective 3.6: By February 28, 2001 AHA will implement a Neighborhood Collaborative HIV Prevention Pilot Project.

Process Objective 3.6.1: By March 31, 2000 AHA will recruit community stakeholders and representatives of HIV prevention providers to collaborate with AHA staff and HPCPC members in a workgroup to plan a Neighborhood Collaborative HIV Prevention Pilot Project, targeting one or more high priority groups within one neighborhood in the District.

Process Objective 3.6.2: By September 30, 2000, the workgroup will develop an assessment of the HIV prevention needs of the targeted neighborhood.

Process Objective 3.6.3: By December 31, 2000 the workgroup will develop a plan to implement the Neighborhood Collaborative HIV Prevention Pilot Project.

Process Objective 3.6.4: By February 28, 2001 AHA will begin implementation of the Neighborhood Collaborative HIV Prevention Pilot Project.

Process Objective 3.6.5: By March 31, 2002 AHA will conduct process and outcome evaluations of the Neighborhood Collaborative HIV Prevention Pilot Project.

Outcome Objective 3.7: By December 31, 2001, AHA will increase the capacity of community-based organizations and AHA to deliver effective HIV prevention services to target populations.

Process Objective 3.7.2: By June 30, 2000 AHA and the HPCPC will develop and implement an assessment of the capacity-building needs of AHA and AHA-funded prevention programs in the areas of program planning, implementation and evaluation.

Process Objective 3.7.3: By September 30, 2000 AHA and the HPCPC will develop a plan to provide capacity-building technical assistance to prevention providers beginning in January 2001, using the information gathered during the needs assessment.

Process Objective 3.7.4: By December 31, 2001 AHA will conduct process and outcome evaluations of the capacity-building program.

Evaluation

Goal 4: Evaluate AHA and AHA-funded prevention programs and the community planning process to ensure that they achieve maximum effectiveness.

Outcome Objective 4.1: By December 31, 2002 AHA and the HPCPC make yearly evaluations of the progress of AHA and AHA-funded prevention programs and the community planning process, and make recommendations on any changes needed for improvement.

Process Objective 4.1.1: By January 31, 2000, AHA will implement the Comprehensive Evaluation Plan and evaluate the progress of AHA and AHA-funded HIV prevention programs in meeting their goals and objectives, using observation of prevention activities, progress reports from the funded organizations, and other data collection tools.

Process Objective 4.1.2: By January 31, 2000 AHA and the HPCPC will review the findings of the 1999 evaluation of the progress of the HPCPC in meeting the National Core Objectives, and adopt any changes needed to improve the community planning process.

Process Objective 4.1.3: By August 31, 2000 and yearly after that, AHA and the HPCPC will evaluate the progress in meeting the goals and objectives set forth in the Comprehensive HIV Prevention Plan for 2000-2002, and make recommendations on any changes needed to improve the ability of AHA and the HPCPC to achieve those goals and objectives.

Process Objective 4.1.5: By September 30, 2000 and yearly after that, AHA and the HPCPC will evaluate the progress of the HPCPC in meeting the National Core Objectives, using standard evaluation tools.

Process Objective 4.1.6: By December 31, 2000 and yearly after that, AHA and the HPCPC will review the findings of the evaluation of the progress of the HPCPC in meeting the National Core Objectives, and adopt any changes needed to improve the process.

Policy

Goal 5: Ensure that health policies in the District of Columbia support effective HIV prevention services.

Outcome Objective 5.1: By December 31, 2002 AHA and the HPCPC will review the effects of current and proposed health policies on HIV prevention programs in the District of Columbia, and make recommendations to the appropriate bodies on improvements to any policies that may affect the provision of effective HIV prevention programs.

Process Objective 5.1.1: Beginning in January 2000 AHA and the HPCPC will analyze any proposed new health policies, and proposed changes in existing health policies, and make recommendations on any changes or additions needed to ensure the provision of effective HIV prevention programs.

Process Objective 5.1.2: By September 30, 2000, AHA and the HPCPC will analyze current health policies and make recommendations on any changes or additions needed to ensure the provision of effective HIV prevention programs.